

## **Application Data Sheet**

### **Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	COMPOSITIONS AND METHODS FOR TREATING OR PREVENTING HEARING IMPAIRMENT
Attorney Docket Number::	SEPR-P01-056
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	10
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Charles
Middle Name::	M.
Family Name::	Zepp
City of Residence::	Hardwick
State or Province of Residence::	MA
Country of Residence::	US
Street of mailing address::	940 North Road
City of mailing address::	Hardwick
State or Province of mailing address::	MA

Postal or Zip Code of mailing address:: 01037

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Donald  
Middle Name:: L.  
Family Name:: Heefner  
City of Residence:: Hudson  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 111 Brigham Street #4F  
City of mailing address:: Hudson  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 01749

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Paul  
Family Name:: Rubin  
City of Residence:: Sudbury  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 37 Greystone Lane  
City of mailing address:: Sudbury  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 01776-5303

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Mark

Middle Name:: G.  
Family Name:: Currie  
City of Residence:: Sterling  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 18 Hall Avenue  
City of mailing address:: Sterling  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 01564

**Correspondence Information**

Correspondence Customer Number:: 28120

**Representative Information**

Representative Customer Number:: 28120

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/425878	11/13/02

**Assignee Information**

Assignee name:: Sepracor, Inc.  
Street of mailing address:: 84 Waterford Drive  
City of mailing address:: Marlborough  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 01752-7010